

posed by the new genetics, Ronald G. Worton, PhD., of the department of genetics of Toronto's Hospital for Sick Children, referred to the growing acceptance of prenatal diagnosis. Asking if every woman has the right to amniocentesis, and who decides these matters, Dr. Worton said that in Toronto a handful of geneticists and obstetricians have made the decision and refused amniocentesis to women under 35 who have no demonstrated elevation in risk above that of the general population.

Turning to the question of recombinant DNA technology, Dr. Worton said that one can visualize the genetic engineering of DNA from animals, plants, yeast, fungi and bacteria, creating new organisms with new and exotic properties; plants that require no fertilizer, bacteria that make fertilizer, bacteria that digest oil from oil spills, and yeast that results in better Canadian wines. For human

beings he said that cloning and detailed analysis of cancer-causing genes will vastly improve our understanding of the malignant transformation leading to a cancer cell. Dr. Worton said that most of the controversy concerning safety of recombinant DNA experiments has settled down and that most researchers are satisfied that the research is safe and that the experiments present no moral or ethical problems. He warned, though, that we cannot possibly foresee all the possible hazards. Quoting geneticist David Suzuki, Worton said that "there are no problem-free technologies and no fool-proof systems . . . and the power to manipulate the genotype will bring with it the temptation . . . to intervene in the human genotype". Dr. Worton urged that the ethical issues in prenatal diagnosis need discussion and resolution now. These include the questions of who should receive the tests, who should decide on the

most effective use of government funding to meet the demand and how society will treat those who choose not to have the test. So far as recombinant DNA is concerned, Worton said "It is important that a well informed medical community play a major role in the resolution of ethical problems surrounding this issue."

Speaking on bioethics and modern medicine, Professor Sandra Rodgers-Magnet, with the faculty of law, University of Ottawa, said that the ethical solution of medical problems proceeds from that fundamental principle — the autonomy of the individual is primary. "The principle of autonomy impacts on the consent to medical treatment", she said, "the courts and large segments of the medical community, have rejected a paternalistic model of medicine, placing patient autonomy at the centre of the medical process".

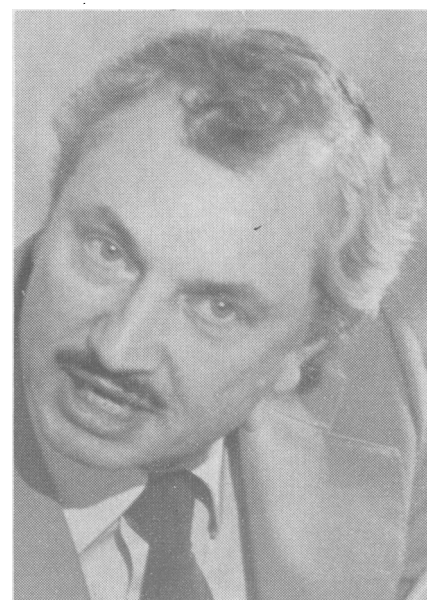
Doctors should remember that many elderly are still young

Doctors will have to start rethinking their attitudes and approaches to treating the elderly as gerontology takes on a new significance in our society with the number of old people increasing. This was the theme of the geriatrics session of the CMA's annual meeting scientific program.

"The elderly wish to maintain an independent worthwhile role in the community", said Dr. Rory H. Fisher of Toronto, who opened the session on geriatrics with his Pharmaceutical Manufacturers Association of Canada's medical R & D section annual lecture on society and ageing. Our whole attitude to the old will have to change as there will be many more of them surviving to a ripe old age in the next 30 years he said. He quoted Alex Comfort, well known US gerontologist, as saying that "the notion that people cease to be people or become people of a distinct and inferior kind by virtue of having lived a specific number of years" is prevalent in our society. Dr. Fisher said that we should distinguish between

the "old" old and the "young" old who are still young in outlook despite their years. He said that physicians should remember the complex pathology of the aged, with a different response to disease and drugs and the power to recover completely. He suggested that management of these patients should be energetic, with early mobilization and other measures to avoid decubitus ulcers, hypostatic pneumonia, venous thrombosis, pulmonary emboli and contractures.

Dr. Fisher said that institutionalization is not the answer and more old people should be at home. He noted a lack of coordination of services between hospitals, nursing homes and homes for the aged. He also said that drugs were not always used with sufficient care in regard to the elderly and that far too many biochemical tests were carried out in Ontario hospitals as compared with the United Kingdom. He urged redeployment of resources saying that more emphasis should be placed on functional abilities and activities and less on investigations



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and treatment in acute wards. He also said that more geriatric support programs, placement services and expanded community resources are needed such as day centres and home care programs. ■